

# UTILITY PATENT APPLICATION TRANSMITTAL

☐ DUPLICATE

Address to:  
Commissioner of Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Attorney Docket No.	VONP3001/JEK
First Named Inventor (or identifier)	VON PONCET
Total Pages	37

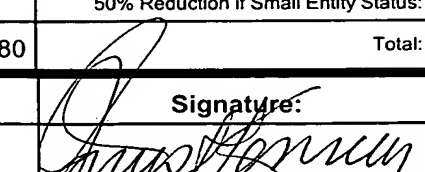
22581 U.S. PTO  
10/790053

Transmitted herewith is a patent application under 37 CFR 1.53(b).

Entitled: **IMPROVED ADJUSTABLE CONVERGENCE DEVICE FOR A PROJECTOR AND PROJECTOR EQUIPPED WITH A CONVERGENCE DEVICE**

- ☒ 1. Submitted herewith are the following:
- 26 pages of specification.
  - ☒ Abstract.
  - 5 sheet(s) of drawings.
  - 23 claim(s).
  - ☒ Oath/Declaration signed by each inventor.
  - ☒ Application Data Sheet.
  - ☐ Preliminary Amendment.
  - ☐ Information Disclosure Statement(s).
  - ☐ pages of Form PTO-1449, and one copy of each document listed thereon.
  - ☐ Assignment of the invention, Cover Sheet, and payment of the \$\_\_\_\_\_ recordal fee.
  - ☐ certified copy of application no. \_\_\_\_\_ filed in \_\_\_\_\_. Priority is claimed.
  - ☒ check in the amount of \$ 824.00 including any assignment recordal fee.
- ☐ 2. SMALL ENTITY STATUS IS ASSERTED pursuant to 37 CFR 1.27 for this application.
- ☒ 3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200.
- ☐ 4. Insert before the first sentence of the specification: - - This application claims the benefit of provisional application number \_\_\_\_\_ filed \_\_\_\_\_. - -
- ☐ 5. Insert before the first sentence of the specification: - - This application is a Continuation-in-part of nonprovisional application number \_\_\_\_\_ filed \_\_\_\_\_. - -
- ☐ 6. Other: \_\_\_\_\_

The registered practitioners representing applicant(s) are J. Ernest Kenney, Reg. No. 19,179; Eugene Mar, Reg. No. 25,893; Richard E. Fichter, Reg. No. 26,382; Thomas J. Moore, Reg. No. 28,974; Joseph DeBenedictis, Reg. No. 28,502; and Benjamin E. Urcia, Reg. No. 33,805.

THE FILING FEE IS CALCULATED AS FOLLOWS:				Basic Fee:	\$770.00	
Total Claims:	23	- 20 =	3	X \$18 =	\$54.00	
Independent Claims:	3	- 3 =	0	X \$86 =		
Correspondence Address:  23364 Customer Number				Multiple Dependent Claim (add \$290.00):		
				Subtotal:		\$824.00
				50% Reduction if Small Entity Status:		
Phone: 703-683-0500		Fax: 703-683-1080		Total:	\$824.00	
Date:	Name:			Signature:	Reg. No.	
March 2, 2004	J. ERNEST KENNEY				19,179	